

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	2		/				
4	2		/				
5	2		/				
6	2		/				
7	2		/				
8	1		/				
9	1		/				
10	1		/				
11	5		/				
12	1		/				
13	1		/	4			
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49							
50							
TOTAL IND.			3				
TOTAL DEP.			19				
TOTAL AIMS			16				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS